

## Revised 7/24/08

## **"Getting Ready to Test" Publications Order Form**

*The Distance Learning Center, LLC, is pleased to offer addiction counselor credentialing test candidates the following publication to help them study and pass the written examination. Use this form when placing orders by fax or by mail. Directions are found at the end of the order sheet. Information about the publication can be found on the website: [www.readytotest.com](http://www.readytotest.com). You can also order on-line.*

### **Step 1 -- "Getting Ready to Test" Materials**

\_\_\_\_\_ **Item #PV406     A Review & Preparation Manual for the Written Prevention Specialist Examination**  
Cost: \$79 plus \$8 shipping/handling (Priority Mail) - \$87 total

### **Step 2 -- Personal and Payment Information - Be sure to enter all information requested.**

#### **PLEASE PRINT**

Complete Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Daytime Phone Number: \_\_\_\_\_

Payment method: Check\_\_\_ Money Order\_\_\_

Credit Card: [ ☐ ] VISA    [ ☐ ] American Express    [ ☐ ] Discover    [ ☐ ] MasterCard

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ / \_\_\_\_\_  
(month)                      (year)

Order Total: \_\_\_\_\_

### **Step 3 -- Mail this form with payment (check, money order, credit card information) to:**

Vic Shaw, DLC LLC  
PO Box 29195  
Santa Fe, NM 87592

**Or fax this form with credit card information to: (801) 991-7081**

# Application for Prevention Specialist Certification

**A \$250.00 check or money order must accompany this application.**

**Submit to: CBADP, 3101 West 41<sup>st</sup> Street, Suite 205, Sioux Falls, SD 57105**

## PERSONAL DATA:

Name: \_\_\_\_\_  
First Middle Last Maiden

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Work Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Birth date: \_\_\_\_\_

## CURRENT EMPLOYMENT:

**YOU ARE REQUIRED TO SUBMIT A COPY OF YOUR CURRENT JOB DESCRIPTION**

Agency Name: \_\_\_\_\_

Agency Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Job Title: \_\_\_\_\_

Name of CCDC or CPS Supervisor: \_\_\_\_\_

## STATISTICAL INFORMATION: (This information is used for statistical purposes only.)

Gender:  
\_\_\_\_ Female  
\_\_\_\_ Male

Ethnicity:  
\_\_\_\_ African American  
\_\_\_\_ American Indian  
\_\_\_\_ Asian/Pacific Islander  
\_\_\_\_ Caucasian  
\_\_\_\_ Hispanic/Latino  
\_\_\_\_ Other: \_\_\_\_\_

# Educational/Academic Data

Official transcripts must be submitted for all college education.

High School Attended: \_\_\_\_\_

Date of Graduation: \_\_\_\_\_

GED: \_\_\_\_\_ Date: \_\_\_\_\_

Where Issued: \_\_\_\_\_

## COLLEGE/UNIVERSITY:

Name	Location	Enrolled From	Enrolled To	Degree(s) Earned

## SPECIALIZED EDUCATION DOCUMENTATION:

List all completed specialized educational courses. All courses must equal 3 or more semester credits and earn a "C" grade or higher.

Requirement	Name of College or University	Prefix - Course Number	Name of Course	Credit Hours	Term Taken	Grade
Example	FSU	HS 212	Study of Alcohol	3	Fall '95	B
Intro to Alcohol Use and Abuse						
Intro to Drug Use and Abuse						
Foundations of Alcohol & Drug Prevention						
Theory & Practice of Alcohol & Drug Prevention						
Professional Ethics for the Addiction Professional*						

\*Must include six (6) contact hours of ethics specific to prevention

# Work Experience Documentation

**All experience must be specific to Prevention. List all relevant experience, beginning with your current place of employment. Verification must be received for all experience.**

**Applicant's Name:** \_\_\_\_\_

Agency Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_

Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_

Was the experience Full Time: \_\_\_\_\_ Part Time: \_\_\_\_\_ Volunteer: \_\_\_\_\_

Agency Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_

Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_

Was the experience Full Time: \_\_\_\_\_ Part Time: \_\_\_\_\_ Volunteer: \_\_\_\_\_

Agency Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_

Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_

Was the experience Full Time: \_\_\_\_\_ Part Time: \_\_\_\_\_ Volunteer: \_\_\_\_\_

(Duplicate page, if necessary)

# Work Experience Verification

**Applicant:** All experience must be verified. Make a copy of this form for each agency where you completed work experience. Complete the top section and send the form to all agencies, employers, internship sites, etc. for verification of all work experience hours.

Applicant's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Job Title: \_\_\_\_\_

Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_

Was the experience Full Time: \_\_\_\_\_ Part Time: \_\_\_\_\_ Volunteer: \_\_\_\_\_

APPLICANT STOP HERE

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## THE FOLLOWING MUST BE COMPLETED BY THE AGENCY, EMPLOYER, INTERNSHIP SITE, ETC.

The applicant listed above is applying for certification as a Prevention Specialist. Please verify the work experience for this individual and return this form directly to the Certification Board for Alcohol and Drug Professionals, 3101 West 41<sup>st</sup> Street, Suite 205, Sioux Falls, SD 57105. If the above information is not correct, please make changes, initial, and mail with a copy of the person's written job description.

I hereby attest that the above information is true and correct. This person was under supervision while working in the IC&RC Performance Domains.

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Name of Agency: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Title: \_\_\_\_\_

Date: \_\_\_\_\_

Total **number of hours** of qualifying work experience: \_\_\_\_\_

**All applicants for Prevention Certification must document 750 hours of practical training/experience in the following performance domains:**

**Domain 1: Planning and Evaluation**

Use needs assessment strategies to gather relevant data for ATOD prevention planning.  
Identify gaps and prioritize needs based on the assessment of community conditions.  
Select prevention strategies, programs, and best practices to meet the identified needs of the community.  
Develop an ATOD prevention plan based on research and theory that addresses community needs and desired outcomes.  
Identify resources to sustain prevention activities.  
Identify appropriate ATOD prevention program evaluation strategies.  
Conduct evaluation activities to document program implementation and effectiveness.  
Use evaluation findings to determine whether and how to adapt ATOD prevention.

**Domain 2: Education and Skill Development**

Develop ATOD prevention education and skill development activities based on target audience analysis.  
Connect prevention theory and practice to implement effective prevention education and skill development activities.  
Maintain program fidelity when implementing evidence-based programs.  
Assure that ATOD education and skill activities are appropriate to the culture of the community being served.  
Use appropriate instructional strategies to meet the needs of the target audience.  
Ensure all ATOD prevention education and skill development programs provide accurate, relevant, timely, and appropriate content information.  
Identify, adapt, or develop instructor and participant materials for use when implementing ATOD prevention activities.  
Provide professionals in related fields with accurate, relevant, timely, and appropriate ATOD prevention information.  
Provide technical assistance to community members and organizations regarding ATOD prevention strategies and best practices.

**Domain 3: Community Organization**

Identify the community's demographic characteristics and core values.  
Identify key community leaders to ensure diverse representation in ATOD prevention programming activities.  
Build community ownership of ATOD prevention programs by collaborating with key community leaders/members when planning, implementing and evaluating prevention activities.  
Provide technical assistance to community members/leaders in implementing ATOD prevention activities.  
Develop capacity within the community by recruiting, training, and mentoring ATOD prevention-focused volunteers.  
Assist in creating and sustaining community-based coalitions.

**Domain 4: Public Policy and Environmental Change**

Examine the community's public policies and norms to determine environmental change needs.  
Make recommendations to policy makers/stakeholders that will positively influence the community's public policies and norms  
Provide technical assistance, training, and consultation that promote environmental change.  
Participate in public policy development and enforcement initiatives to affect environmental change.  
Use media strategies to enhance prevention efforts in the community.

**Domain 5: Professional Growth and Responsibility**

Maintain personal knowledge, skills, and abilities related to current ATOD prevention theory and practice.  
Network with others to develop personal and professional relationships.  
Adhere to all legal, professional, and ethical standards.  
Build skills necessary for effectively working within the cultural context of the community.  
Demonstrate self-care consistent with ATOD prevention messages.

The practical training/experience, practicum or internship opportunities teach the knowledge and skills for professional ATOD prevention. **A total of 750 hours must be documented with a minimum of 50 hours in each of the five domains.** Use the next page for your documentation, describing in detail where and how the experience was completed.

# Supervised Practical Training Hours

**Provide a description of your hours of supervised practical training/experience. You must document 750 total hours with a minimum of 50 hours in each domain and give specific examples of how you apply the principles in your professional practice.**

Applicant's Name: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

Agency where completed: \_\_\_\_\_

<b>PLANNING AND EVALUATION</b>	<b>TOTAL HOURS:</b>
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Description:

<b>EDUCATION AND SKILL DEVELOPMENT</b>	<b>TOTAL HOURS:</b>
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Description:

<b>COMMUNITY ORGANIZATION</b>	<b>TOTAL HOURS:</b>
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Description:

<b>PUBLIC POLICY AND ENVIRONMENTAL CHANGE</b>	<b>TOTAL HOURS:</b>
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Description:

<b>PROFESSIONAL GROWTH AND RESPONSIBILITY</b>	<b>TOTAL HOURS:</b>
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Description:

I hereby certify that all of the above information is, to the best of my knowledge, true.

\_\_\_\_\_  
Signature of Supervisor

\_\_\_\_\_  
Date



# Professional Code of Ethics

The Professional Code of Ethics applies equally to all Certified Chemical Dependency Counselors, Certified Prevention Specialists, Trainees, Interns, and individuals in the process of applying for certification. The Certification Board for Alcohol and Drug Professionals (CBADP) believes that all people have rights and responsibilities through every stage of human development. The goal of the CBADP is for addiction professionals to treat everyone with the dignity, honor, and reverence that is fitting to them.

The Professional Code of Ethical Conduct entitles human beings to the physical, social, psychological, spiritual, and emotional care necessary to meet their individual needs. All Certified Professionals, Trainees, and Interns have a responsibility to adhere to the following guiding principles:

1. That I have a total commitment to provide the highest quality of care for those people who seek my professional services.
2. That I will dedicate myself to the best interests of clients and assist them to help themselves.
3. That at all time, I shall maintain a professional relationship with clients.
4. That I will be willing, when I recognize that it is in the best interest of the client, to release or refer them to another program or professional.
5. That I shall adhere to the laws of confidentiality and professional responsibility of all records, materials, and knowledge concerning clients.
6. That I shall not in any way discriminate against clients or other professionals.
7. That I shall respect the rights and views of other professionals and clients.
8. That I shall maintain respect for institutional policies and management functions within agencies and institutions, but I will take the initiative toward improving such policies if it will best serve the interest of clients.
9. That I have a commitment to assess my own personal strengths, limitations, biases, and effectiveness on a continuing basis; that I shall continuously strive for self-improvement and professional growth through further education and/or training.
10. That I have a responsibility for appropriate behavior in all areas of my professional and private life, and to provide a positive role model especially in regard to the personal use of alcohol and other drugs.
11. That I have a responsibility to myself, my clients, and other associates to maintain my physical and mental health.
12. That I respect the client's right to worship or not, according to their conscience and beliefs, and that I will not impose my own beliefs, values, or standards upon them.
13. That I have a professional responsibility to understand and appreciate different cultures for persons whom are or may be in my care or are recipients of my professional services. I will demonstrate sensitivity to cultural differences in my professional practices.
14. That I have a regard for an individual's needs and rights to equal protection and due process under the laws of the State of South Dakota.

Private conduct is a personal matter, except when such conduct compromises the fulfillment of professional responsibilities or may endanger the health or safety of clients who are or may be under my care. As a professional, I have a responsibility to report, whether obvious or perceived, any ethical violations or concerns related to my peers.

I understand and subscribe to the preceding professional code of ethics and understand that any violation of the principles will be grounds for disciplinary action and sanctions.

☐

**By checking this box, I hereby attest that I have read and will comply with the 2004 Codes of Ethics and Standards of Practice of the Certification Board for Alcohol and Drug Professionals.**

The Codes of Ethics can be viewed and/or printed at: [www.dhs.sd.gov/brd/CBADP](http://www.dhs.sd.gov/brd/CBADP). Applicants who have not read the Codes of Ethics and have not checked the box above will not be granted certification by the CBADP.

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Signature of Applicant

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Date

# Authorizations and Releases

I hereby attest that I have not been convicted of, plead guilty, or no contest, to any felony, or to any crime involving moral turpitude, or like offense within the past five years.

I hereby understand that being convicted of, or pleading guilty, or no contest, before a court in this state or any other state, or before any federal court for any offense punishable as a felony, or like sanction, will be grounds for denial of, or revocation of certification, recertification, or trainee recognition.

I hereby understand that if I have had a felony conviction, and/or pled guilty, or no contest, or received a suspended imposition of sentence, it must have been at least five (5) years prior to the date of application for trainee recognition, student internship status, certification or recertification. I also understand that all sentencing requirements must be completed or satisfied prior to the date of application for any of the above.

I confirm that I have not been denied certification or licensure or had any disciplinary sanctions against me from this or any other certifying or licensing authority in this or any other state. If I have been denied or had disciplinary action, I have notified the Certification Board for Alcohol and Drug Professionals (CBADP) in writing of this action.

I hereby authorize the CBADP to release to any agency, facility, organization, or individual any and all information necessary for verification of credentials.

I hereby authorize any agency, facility, organization, or individual to release any and all information necessary to fully and properly evaluate my application before the CBADP. The CBADP reserves the right to request further information or documentation to evaluate the application and/or professional competence of individuals.

I hereby release and hold harmless the CBADP, its Board of Directors, its officers, its employees, and any agency, facility, organization, or individual from any and all manner of suits, actions, claims, and judgments which might arise from such efforts to further substantiate and document my application.

I hereby understand that the CBADP can deny or revoke certification, trainee recognition, or student internship status on the basis of misrepresentation on my application, or any other application, to include intentionally false or misleading statements or intentional omissions. I understand that I will be barred from applying for certification or recertification for not less than two (2) years if it is proven that I have misrepresented the facts on any aspect of my application, or any other application, for trainee recognition, student internship status, certification or recertification.

I hereby certify that the information contained herein is correct and true, and that I understand the application and these authorizations and releases.

**On the line below, please print your name the way you would like it to appear on your certificate:**

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Signature of Applicant

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Date

## **PROFESSIONAL CODE OF ETHICAL CONDUCT FOR PREVENTION SPECIALISTS**

The practice of alcohol, tobacco, and other drug prevention is based on shared knowledge, skills, and values. The following ethical standards shall govern the professional's daily involvement in prevention activities and emphasize the professional concern for the rights and interests of the consumer/client:

### **RESPONSIBILITIES**

Prevention Specialists have a responsibility to maintain objectivity, integrity, and the highest standards in delivering prevention services. Prevention Specialists shall:

- Operate at the highest level of honesty and professionalism and will strive to deliver high quality services, holding the best interest of the public first.
- Recognize their primary obligation to promote the health and well being of individuals, families, and communities in order to prevent chemical abuse and dependency.
- Recognize their personal competence and not operate beyond their skill or training level and be willing to refer to another individual or program when appropriate.
- Be committed to upgrading their knowledge and skills through ongoing education and training.
- Understand and appreciate different cultures and demonstrate sensitivity to cultural differences in professional practices.

### **NON-DISCRIMINATION**

The Prevention Specialist shall not discriminate against individuals, the public, or others in the delivery of services on the basis of race, color, gender, religion, national origin, ancestry, age or against persons with disabilities.

Prevention Specialists shall not engage in any behavior involving professional conduct that encourages, condones, or promotes discrimination; and, will strive to protect the rights of individuals.

### **ADHERENCE TO STATE AND FEDERAL LAWS AND RULES**

Prevention Specialists shall protect client rights and insure confidentiality by adhering to all state and federal laws and rules. Prevention Specialists:

- Will not participate in or condone any illegal activity, including the use of illegal chemicals, or the possession, sale or distribution of illegal chemicals.
- Shall not participate in, condone, or be an accessory to dishonesty, fraud, deceit, or misrepresentation.
- Will adhere to mandatory reporting procedures related to abuse, neglect, or misconduct by individuals and/or agencies in accordance with state and federal laws and regulations.
- Shall assume responsibility to report the incompetent and unethical practices of other professionals.

### **PERSONAL CONDUCT AND PROFESSIONAL COMPETENCY:**

Prevention Specialists shall have a responsibility to model and promote a healthy life style and well being by low risk or no use of alcohol, tobacco, and/or other mood-altering chemicals. In addition, Prevention Specialists have a responsibility to maintain sound, mental health to prevent the impairment of professional judgment and performance. Prevention Specialists:

- Will not exhibit gross incompetence, unprofessional, or dishonorable conduct or any other act that would be a substantial deviation from the standards ordinarily possessed by professional peers.
- Shall not fail to recognize the personal boundaries and limitations of their professional competence and practice by offering services beyond the scope of their personal competencies

or expertise.

- Will utilize resources for support, growth, and professional development.
- Will strive to maintain and promote the integrity of certification within the State of South Dakota, nationally and internationally, and the advancement of the Prevention Specialist Profession.

## **PUBLIC WELFARE**

Prevention Specialists will maintain an objective, non-possessive relationship with those they serve and not exploit them sexually, financially, or emotionally. Prevention Specialists:

- Will actively discourage any dependency upon themselves for the personal satisfaction of any physical, psychological, emotional, or spiritual need.
- Shall accurately represent their qualifications and affiliations.
- Shall discontinue services when they are no longer appropriate and will refer the public to programs or individuals with the client's welfare as the primary consideration.
- Shall not impede an individual's access to competent, professional care.
- Will respect the rights and views of other professionals and agencies and should treat colleagues with respect, courtesy, and fairness.
- Will not promote personal gain or the profit of an agency or commercial enterprise of any kind.
- Will adhere to professional remuneration and financial arrangement practices and standards that safeguard the best interests of the public and profession.

## **PROFESSIONAL PUBLICATIONS AND PUBLIC STATEMENTS**

Prevention Specialists will respect the limits of present knowledge and shall assign credit to all who have contributed to published materials, professional papers, videos/films, pamphlets, or books.

Prevention Specialists will:

- Act to preserve the integrity of the profession by acknowledging and documenting any materials, techniques, or people used in creating their opinions, papers, books, etc.
- Adhere to copyright laws and seek approval for the use of such materials.

## **PUBLIC POLICY TO MAINTAIN AND IMPROVE ALCOHOL, TOBACCO AND OTHER DRUGS CONTINUUM OF CARE**

Prevention Specialists will take the initiative to support, promote, and improve the delivery of high quality services in the professional continuum of care (prevention, intervention, treatment, and aftercare). Prevention Specialists:

- Shall advocate for changes in public policy and legislation to afford opportunities and choices for all persons whose lives are impaired or impacted by the disease of alcoholism, tobacco use, and other drug abuse and addictions, promoting the well being of all human beings.
- Will actively participate in the public awareness of the effects of tobacco, alcoholism, and other drug addictions and should act to ensure all persons, especially the disadvantaged, have access to the necessary resources and services.

I hereby agree to the above Professional Codes of Ethical Conduct and will uphold and promote the integrity of the profession by adhering to and reporting violations of the preceding Codes of Ethical Conduct. I understand that violations of the principles will be grounds for disciplinary action and sanctions.

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Signature of Applicant

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Date

# PREVENTION SPECIALIST EVALUATION BY SUPERVISOR

**INSTRUCTIONS FOR THE APPLICANT:** Give or mail this form directly to your supervisor(s) after you have filled in the bottom of this page. If your present supervisor has been supervising you for less than 6 months, make a copy of this form and provide it to your immediate and past supervisors.

## CONFIDENTIAL

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Dear Supervisor:

The individual listed below is applying to the Certification Board for Alcohol & Drug Professionals (CBADP) for certification as a Prevention Specialist. The information requested here is an essential part of the Board's evaluation of the competence of the applicant and must be on file before the application can be processed.

The CBADP believes that your observation will provide a more complete and accurate impression of the knowledge and skills of the applicant than is available from other sources. Your evaluation, plus those received from the professional references and the data furnished by the applicant, will be used in determining eligibility for certification. The process can only be as good as you and the others make it, by careful and truthful reporting.

Please return the completed evaluation DIRECTLY TO:

CBADP  
3101 West 41<sup>st</sup> Street, Suite 205  
Sioux Falls, SD 57105

APPLICANT'S NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

SUPERVISOR'S NAME: \_\_\_\_\_

SUPERVISOR'S TITLE & CREDENTIALS: \_\_\_\_\_

AGENCY NAME: \_\_\_\_\_

AGENCY ADDRESS: \_\_\_\_\_

AGENCY PHONE: \_\_\_\_\_

### PREVENTION SPECIALIST EVALUATION BY SUPERVISOR (Continued)

**APPLICANT'S NAME:** \_\_\_\_\_

The following items represent the skills needed by a Prevention Specialist. Evaluate the applicant for their abilities in each area. Mark the rating most descriptive of the individual's demonstrated skills. **A rating of 1 or 2 will cause the application to be denied.** Use N/O (not observed) ONLY if you have never observed nor have any knowledge of the applicant's skill in that area. Please use the following rating scale:

**1 – POOR (Not Minimally Acceptable)    2 - NEEDS IMPROVEMENT (Not Minimally Acceptable)**  
**3 – ACCEPATBLE                          4 - GOOD                                      5 – EXCELLENT**

<b>SKILL AREAS</b>	<b>Poor</b>	<b>Excellent</b>	<b>N/O</b>
UNDERSTANDING OF COMMUNITY AND ADDICTION: Has an understanding of the social, political, economical and cultural context within which addiction and substance abuse exist.	1 2	3 4 5	
UNDERSTANDING OF CHOSEN PRACTICE SITE AND ADDICTION: Has an understanding of the risk and resiliency factors of individuals, families, groups and communities.	1 2	3 4 5	
PREVENTION KNOWLEDGE: Is able to describe the philosophies, practices and policies that are generally accepted within scientifically supported models of prevention and intervention.	1 2	3 4 5	
PREVENTION KNOWLEDGE: Understands the importance of needs assessments and outcome data and their general application to the delivery of prevention services.	1 2	3 4 5	
PREVENTION KNOWLEDGE: Understands the value of a systemic approach to prevention.	1 2	3 4 5	
PREVENTION KNOWLEDGE: Understands the need to identify key stakeholders of a community or system in order to effectively catalyze change.	1 2	3 4 5	
APPLICATION TO PRACTICE: Is able to use a variety of prevention strategies for reducing the negative effects of substance use within their practice location and within identified populations.	1 2	3 4 5	
APPLICATION TO PRACTICE: Is able to tailor intervention strategies to meet the needs of a variety of target populations.	1 2	3 4 5	
APPLICATION TO PRACTICE: Can provide prevention services that are culturally appropriate to the target population.	1 2	3 4 5	
APPLICATION TO PRACTICE: Can adapt their skills and practice to a wide range of community settings and modalities.	1 2	3 4 5	
APPLICATION TO PRACTICE: Demonstrates competence in presenting information in groups and community settings.	1 2	3 4 5	
APPLICATION TO PRACTICE: Relates well with other professionals both within the agency and in the greater community to assure comprehensive and quality services.	1 2	3 4 5	
PROFESSIONAL & ETHICAL RESPONSIBILITIES: Follows ethical practice requirements for prevention within the community setting and the need for continual professional development.	1 2	3 4 5	

## PREVENTION SPECIALIST EVALUATION BY SUPERVISOR (Continued)

Are you involved in the administration/management of the program at which you are employed?

\_\_\_\_\_ No.

\_\_\_\_\_ Yes, limited to supervision of prevention activities.

\_\_\_\_\_ Yes, limited to clinical aspects (i.e. supervision of chemical dependency professionals and prevention activities).

\_\_\_\_\_ Yes, limited to administrative responsibilities.

\_\_\_\_\_ Yes, both \_\_\_\_\_% clinical and \_\_\_\_\_ % administrative.

How long have you supervised this applicant? \_\_\_\_\_

For what period of time, while under your supervision, was the provision of prevention services the major part of this applicant's responsibilities?

From: \_\_\_\_\_ To: \_\_\_\_\_

What is the **total number of hours** of work experience accumulated during this time? \_\_\_\_\_

Comments and/or additional information you feel may be pertinent: \_\_\_\_\_

I hereby certify that I have been in a position to observe and have first-hand knowledge of the

applicant's work at: \_\_\_\_\_

(Name of work setting)

\_\_\_\_\_ I recommend this applicant for certification as a Prevention Specialist

\_\_\_\_\_ I have some reservations in recommending this applicant for certification.

\_\_\_\_\_ I do not recommend this applicant be granted certification.

(Any ratings of 1 or 2 on the 'Skills Areas' from the previous page, requires a "do not recommend".)

I hereby certify that all of the above information is, to the best of my knowledge, true.

\_\_\_\_\_  
Signature of Supervisor

\_\_\_\_\_  
Date

# PROFESSIONAL RECOMMENDATION FORM FOR CPS

**Provide this form to a professional and/or academic colleague who is acquainted with your prevention specialist counseling experience. Provide a pre-addressed, stamped envelope so the form can be mailed directly to the CBADP Administrative Office.**

**NOTE:** ANY INDIVIDUAL WHO HAS COMPLETED THE 'EVALUATION BY SUPERVISOR' FORM FOR THIS APPLICANT MAY NOT SUBMIT A 'PROFESSIONAL RECOMMENDATION' FORM.

## PART I - TO BE COMPLETED BY THE APPLICANT

Complete the information below. Give this form to a professional who is acquainted with your work performance and abilities. Be sure to provide the individual with a pre-addressed, stamped envelope so the form can be mailed directly to the CBADP.

Name of Applicant: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

I understand that this recommendation will be used in determining my eligibility for certification and is a character reference. Therefore, I agree and understand that I will not be entitled to this information under any circumstance.

\_\_\_\_\_  
Applicant's signature

\_\_\_\_\_  
Date

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## PART II - TO BE COMPLETED BY A PROFESSIONAL OR ACADEMIC ACQUAINTANCE

The person listed above has applied for certification as a Certified Prevention Specialist. The signature above authorizes you to complete this form. Your assessment will assist the Board of Directors in determining the applicant's appropriateness for certification. A fair and candid report is essential. Therefore, we ask for careful ratings and comments about character and ability. All information submitted will be viewed as confidential and will not be available to the applicant.

YOUR NAME: \_\_\_\_\_

POSITION/TITLE: \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

DAYTIME TELEPHONE #: \_\_\_\_\_

HOW LONG HAVE YOU KNOWN THE APPLICANT: \_\_\_\_\_

IN WHAT CAPACITY: \_\_\_\_\_



## PROFESSIONAL RECOMMENDATION FORM FOR CPS (Continued)

Please rate the candidate by circling the most accurate response. Use “Don’t Know” ONLY if you have never observed or have absolutely no knowledge of the respective variable.

<b>UNDERSTANDING COMMUNITY AND ADDICTION</b>			
Recognizes the social, political, economic and cultural context within which addiction and substance abuse exists including risk and resiliency factors that characterize individuals and groups and their living environments.	Yes	No	Don’t Know
Is able to describe the behavioral, psychological, physical health, and social effects of psychoactive substances on the user, significant others and community.	Yes	No	Don’t Know
<b>PREVENTION KNOWLEDGE</b>			
Is able to describe and use the philosophies, practices, policies, and outcomes of the most generally accepted and scientifically supported models of prevention and intervention within community and within culture.	Yes	No	Don’t Know
Understands the importance of needs assessments and outcome data and their application to prevention activity.	Yes	No	Don’t Know
Understands the value of a systemic approach to prevention.	Yes	No	Don’t Know
Understands the need to identify key stakeholders of a community in order to effectively catalyze change.	Yes	No	Don’t Know
<b>APPLICATION TO PRACTICE</b>			
Is able to use a variety of prevention strategies for reducing the negative effects of substance use within a community and identified population group.	Yes	No	Don’t Know
Is able to tailor strategies of intervention to meet the needs of targeted populations.	Yes	No	Don’t Know
Can provide prevention services appropriate to the personal and cultural identity and language of targeted populations.	Yes	No	Don’t Know
Can adapt their skills and practice to the wide range of community settings and modalities.	Yes	No	Don’t Know
Is familiar with ethical practice requirements for prevention within a community setting.	Yes	No	Don’t Know
Demonstrates competence in presenting information in groups and community settings.	Yes	No	Don’t Know

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

# PROFESSIONAL RECOMMENDATION FORM FOR CPS

**Provide this form to a professional and/or academic colleague who is acquainted with your prevention specialist counseling experience. Provide a pre-addressed, stamped envelope so the form can be mailed directly to the CBADP Administrative Office.**

**NOTE:** ANY INDIVIDUAL WHO HAS COMPLETED THE 'EVALUATION BY SUPERVISOR' FORM FOR THIS APPLICANT MAY NOT SUBMIT A 'PROFESSIONAL RECOMMENDATION' FORM.

## **PART I - TO BE COMPLETED BY THE APPLICANT**

Complete the information below. Give this form to a professional who is acquainted with your work performance and abilities. Be sure to provide the individual with a pre-addressed, stamped envelope so the form can be mailed directly to the CBADP.

Name of Applicant: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

I understand that this recommendation will be used in determining my eligibility for certification and is a character reference. Therefore, I agree and understand that I will not be entitled to this information under any circumstance.

\_\_\_\_\_  
Applicant's signature

\_\_\_\_\_  
Date

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## **PART II - TO BE COMPLETED BY A PROFESSIONAL OR ACADEMIC ACQUAINTANCE**

The person listed above has applied for certification as a Certified Prevention Specialist. The signature above authorizes you to complete this form. Your assessment will assist the Board of Directors in determining the applicant's appropriateness for certification. A fair and candid report is essential. Therefore, we ask for careful ratings and comments about character and ability. All information submitted will be viewed as confidential and will not be available to the applicant.

YOUR NAME: \_\_\_\_\_

POSITION/TITLE: \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

DAYTIME TELEPHONE #: \_\_\_\_\_

HOW LONG HAVE YOU KNOWN THE APPLICANT: \_\_\_\_\_

IN WHAT CAPACITY: \_\_\_\_\_

## PROFESSIONAL RECOMMENDATION FORM FOR CPS (Continued)

Please rate the candidate by circling the most accurate response. Use “Don’t Know” ONLY if you have never observed or have absolutely no knowledge of the respective variable.

<b>UNDERSTANDING COMMUNITY AND ADDICTION</b>			
Recognizes the social, political, economic and cultural context within which addiction and substance abuse exists including risk and resiliency factors that characterize individuals and groups and their living environments.	Yes	No	Don’t Know
Is able to describe the behavioral, psychological, physical health, and social effects of psychoactive substances on the user, significant others and community.	Yes	No	Don’t Know
<b>PREVENTION KNOWLEDGE</b>			
Is able to describe and use the philosophies, practices, policies, and outcomes of the most generally accepted and scientifically supported models of prevention and intervention within community and within culture.	Yes	No	Don’t Know
Understands the importance of needs assessments and outcome data and their application to prevention activity.	Yes	No	Don’t Know
Understands the value of a systemic approach to prevention.	Yes	No	Don’t Know
Understands the need to identify key stakeholders of a community in order to effectively catalyze change.	Yes	No	Don’t Know
<b>APPLICATION TO PRACTICE</b>			
Is able to use a variety of prevention strategies for reducing the negative effects of substance use within a community and identified population group.	Yes	No	Don’t Know
Is able to tailor strategies of intervention to meet the needs of targeted populations.	Yes	No	Don’t Know
Can provide prevention services appropriate to the personal and cultural identity and language of targeted populations.	Yes	No	Don’t Know
Can adapt their skills and practice to the wide range of community settings and modalities.	Yes	No	Don’t Know
Is familiar with ethical practice requirements for prevention within a community setting.	Yes	No	Don’t Know
Demonstrates competence in presenting information in groups and community settings.	Yes	No	Don’t Know

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

# PROFESSIONAL RECOMMENDATION FORM FOR CPS

**Provide this form to a professional and/or academic colleague who is acquainted with your prevention specialist counseling experience. Provide a pre-addressed, stamped envelope so the form can be mailed directly to the CBADP Administrative Office.**

**NOTE:** ANY INDIVIDUAL WHO HAS COMPLETED THE 'EVALUATION BY SUPERVISOR' FORM FOR THIS APPLICANT MAY NOT SUBMIT A 'PROFESSIONAL RECOMMENDATION' FORM.

## **PART I - TO BE COMPLETED BY THE APPLICANT**

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Name of Applicant: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

I understand that this recommendation will be used in determining my eligibility for certification and is a character reference. Therefore, I agree and understand that I will not be entitled to this information under any circumstance.

\_\_\_\_\_  
Applicant's signature

\_\_\_\_\_  
Date

---

## **PART II - TO BE COMPLETED BY A PROFESSIONAL OR ACADEMIC ACQUAINTANCE**

The person listed above has applied for certification as a Certified Prevention Specialist. The signature above authorizes you to complete this form. Your assessment will assist the Board of Directors in determining the applicant's appropriateness for certification. A fair and candid report is essential. Therefore, we ask for careful ratings and comments about character and ability. All information submitted will be viewed as confidential and will not be available to the applicant.

YOUR NAME: \_\_\_\_\_

POSITION/TITLE: \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

DAYTIME TELEPHONE #: \_\_\_\_\_

HOW LONG HAVE YOU KNOWN THE APPLICANT: \_\_\_\_\_

IN WHAT CAPACITY: \_\_\_\_\_

## PROFESSIONAL RECOMMENDATION FORM FOR CPS (Continued)

Please rate the candidate by circling the most accurate response. Use “Don’t Know” ONLY if you have never observed or have absolutely no knowledge of the respective variable.

<b>UNDERSTANDING COMMUNITY AND ADDICTION</b>			
Recognizes the social, political, economic and cultural context within which addiction and substance abuse exists including risk and resiliency factors that characterize individuals and groups and their living environments.	Yes	No	Don’t Know
Is able to describe the behavioral, psychological, physical health, and social effects of psychoactive substances on the user, significant others and community.	Yes	No	Don’t Know
<b>PREVENTION KNOWLEDGE</b>			
Is able to describe and use the philosophies, practices, policies, and outcomes of the most generally accepted and scientifically supported models of prevention and intervention within community and within culture.	Yes	No	Don’t Know
Understands the importance of needs assessments and outcome data and their application to prevention activity.	Yes	No	Don’t Know
Understands the value of a systemic approach to prevention.	Yes	No	Don’t Know
Understands the need to identify key stakeholders of a community in order to effectively catalyze change.	Yes	No	Don’t Know
<b>APPLICATION TO PRACTICE</b>			
Is able to use a variety of prevention strategies for reducing the negative effects of substance use within a community and identified population group.	Yes	No	Don’t Know
Is able to tailor strategies of intervention to meet the needs of targeted populations.	Yes	No	Don’t Know
Can provide prevention services appropriate to the personal and cultural identity and language of targeted populations.	Yes	No	Don’t Know
Can adapt their skills and practice to the wide range of community settings and modalities.	Yes	No	Don’t Know
Is familiar with ethical practice requirements for prevention within a community setting.	Yes	No	Don’t Know
Demonstrates competence in presenting information in groups and community settings.	Yes	No	Don’t Know

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

# Examinee Request for Reasonable Testing Accommodations

Candidates requesting reasonable testing accommodations can complete this form, attach all appropriate documentation from a licensed physician, psychiatrist, or psychologist, and submit it with the application to CBADP 3101 West 41<sup>st</sup> Street, Suite 205, Sioux Falls, SD 57105.

## PERSONAL DATA:

Name: \_\_\_\_\_  
First Middle Last Maiden

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Birth date: \_\_\_\_\_

Examination (s) for which you are requesting testing accommodations: \_\_\_\_\_

Name and title of Professional(s) whom diagnosed your disability/disabilities: \_\_\_\_\_

\_\_\_\_\_ Date(s) Diagnosed: \_\_\_\_\_

## CURRENT DISABILITY (please mark all that apply):

\_\_\_\_\_ Visual Impairment  
\_\_\_\_\_ Hearing Impairment  
\_\_\_\_\_ Learning Disability  
\_\_\_\_\_ Writing Disability  
\_\_\_\_\_ Health Impairment  
\_\_\_\_\_ Orthopedic Impairment  
\_\_\_\_\_ Mental/Emotional Impairment  
\_\_\_\_\_ Other (Please Specify) \_\_\_\_\_

Please describe the condition that is the basis for your request and the accommodations you wish to be made available:

## Prior Testing Accommodations you have been granted for this disability:

Additional Examination Time \_\_\_\_\_ Yes \_\_\_\_\_ No (If yes, percent additional \_\_\_\_\_ %)  
Separate Examination Location \_\_\_\_\_ Yes \_\_\_\_\_ No (If yes, where: \_\_\_\_\_)  
Assistance \_\_\_\_\_ Yes \_\_\_\_\_ No (If yes, specify type of assistance \_\_\_\_\_)  
Exam format Accommodations \_\_\_\_\_ Yes \_\_\_\_\_ No (If yes, please describe \_\_\_\_\_)  
Other (please describe): \_\_\_\_\_

Accommodations were granted at: \_\_\_\_\_ Elementary School \_\_\_\_\_ High School  
\_\_\_\_\_ Professional Program \_\_\_\_\_ College